United Nations E/ICEF/2017/P/L.23

Economic and Social Council

Distr.: Limited
10 August 2017
English
Original: English/French/Spanish

For decision

United Nations Children's Fund
Executive Board
Second regular session 2017
12-15 September 2017
Item 8 (a) of the provisional agenda*

Country programme document

Nepal

Summary

The country programme document (CPD) for Nepal is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $36,008,000 from regular resources, subject to the availability of funds, and $114,260,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14

17-13786X (E) 110817

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Programme rationale

1. The 2018-2022 Government of Nepal-UNICEF country programme of cooperation builds on the achievements and the progress towards many Millennium Development Goals and will help to realize the commitment of Nepal to achieve the Sustainable Development Goals. The Constitution of Nepal 2072 (2015) envisions a federal democratic republic with a substantial devolution of functions to provincial and local governments. The Fourteenth Three-Year National Plan sets the goal of graduating to middle-income status by 2030 as a welfare state with social justice based on socioeconomic transformation and rapid poverty reduction. The country programme supports Nepal in progressing towards these priorities.

2. For the next few decades, the working age population of Nepal will continue to expand relative to the total population, providing a 'demographic window of opportunity'. This window is finite, however, and it is estimated that by 2047 the working age population will start to decrease. Investing in today's children and future generations is therefore extremely important to ensure that they are prepared to sustain the country's development. The child population in Nepal was 11.3 million in 2016 (with 2.9 million children under five years of age) out of the total population of 28.4 million (Census, 2011).

3. Nepal is the second poorest country in Asia, with the fifth lowest human development ranking [1], with significant disparities by wealth, region, language, education, caste, ethnicity, gender and age. A Child Deprivation Index devised by UNICEF shows that the worst socioeconomic deprivations are found in Central Terai and the Mid- and Far-Western areas (provinces 2, 6 and 7).

4. Nepal is highly prone to disasters, and sits in a seismically active zone prone to mega-earthquakes. The 2015 earthquakes killed more than 8,900 people, 30 per cent of them children, and injured 22,400.[2]

5. The under-five mortality rate was reduced by 67 per cent, from 118 per 1,000 live births in 1996 to 39 per 1,000 in 2016, which is a great achievement. But the neonatal mortality rate remains high. Nationally, 54 per cent of under-five deaths occur during the neonatal period.[3] The neonatal mortality rate is more than twice as high among the poorest quintile compared with the richest, and higher among younger mothers.[4] Early marriage and child bearing are major issues, with 16 per cent of women aged 20 to 24 years having had a child before the age of 18 years.

6. Child malnutrition rates have declined over the past two decades. The prevalence of stunting among children under five years of age decreased from 57 per cent (1996) to 36 per cent (2016).[5] However, the current stunting rate is still high. Nationally, ten per cent of children are wasted. Only 66 per cent of children aged 0 to 5 months are exclusively breastfed and only 35 per cent of children aged 6 to 23 months receive a minimum acceptable diet. Vitamin A prophylaxis coverage for children aged 6 to 59 months is at 86 per cent. Ninety-five per cent of children live in households that consume iodized salt.

[1] United Nations Development Program (UNDP), 2017.
[2] UNICEF, Nepal Earthquakes: One Year Later Moving On, 25 April 2016.
[3] Nepal Demographic and Health Survey (NDHS), 2016.
[4] Statistics in subsequent sections are from the 2014 Nepal Multiple Indicator Cluster Survey unless indicated otherwise.
[5] NDHS, 2016.

7. There have been huge increases in access to primary education over the last 20 years, with the net enrolment rates for 2015/2016 at 97 per cent.[6] However, national attendance in early childhood education (ECE) is low, at 51 per cent among children aged 3 to 5 years. Only 12 per cent of the poorest quintile is developmentally on track in literacy-numeracy compared with 65 per cent of the richest. Attendance in basic education (grades 1-8) is still low, with 770,000 children aged 5 to 12 years out of school and high drop-out rates among adolescents.[7] Only half of students in Grades 3, 5 and 8 meet the academic achievement criteria for Nepali and mathematics. Only 6 per cent of schools meet the child-friendly school standards[8] and only11 per cent of school buildings are earthquake-resistant.[9]

8. Eighty-two per cent of children aged 1 to 14 years have been subjected to at least one form of psychological or physical punishment by household members.[10] More than one-third of women aged 20 to 24 years marry before the age of 18 years. Of children aged 5 to 17 years, 37 per cent are involved in child labour. Nepal is also a major source, transit hub and destination country for trafficking. Children in conflict with the law do not have access to mechanisms for alternatives to custodial sentences, such as diversion and restorative justice, and there is a paucity of child-sensitive procedures in judicial processes.

9. Ninety-three per cent of households were using improved water sources (2014), up from 46 per cent in 1990. But the quality of water remains poor, with 71 per cent of all water sources (91 per cent of those used by the poorest quintile) contaminated with *Escherichia coli* bacteria. Twenty-five per cent of the water supply is reported to be fully functioning and 40 per cent requires major repairs.[11] Sixty-two per cent of households were using an improved sanitation facility (2016), up from 6 per cent in 1990. Open defecation is still practiced by 10 per cent of the population[12] . Twenty per cent of government schools lack improved water and sanitation facilities, with an additional 15 per cent lacking separate toilets for girls and boys and lacking menstrual hygiene management facilities.[13]

10. Twenty-five per cent of the population was living below the poverty line in 2010.[14] Children are 'over-represented' among the poor with 31 per cent and 36 per cent of children under the ages of 18 years and 5 years in poverty, respectively.[15] Households with many children, with low education, of the Dalit caste, in rural areas, and those with small landholdings are likely to be among the poorest. Currently, only 20 per cent of children under the age of 5 years benefit from the Government's child grant cash transfer programme.

[6] Ministry of Education, Flash Report I for 2015/16, 2016.
[7] Ministry of Education, United Nations Educational, Scientific and Cultural Organization and UNICEF, 2016.
[8] Ministry of Education, 2015.
[9] Paci-Green R, Pandey B, Friedman R. 2015. Post-earthquake comparative assessment of school reconstruction and social impacts in Nepal. Risk RED
[10] Government of Nepal, National Planning Commission, Central Bureau of Statistics and UNICEF, Multiple Indicator Cluster Survey, 2014.
[11] Nepal Management Information Programme, 2014.
[12] Environmental Sanitation Section/Department of Water Supply and Sewerage, 2017.
[13] Education Management Information System, 2014/15.
[14] Central Bureau of Statistics, 2011.
[15] Mathers, N. (2016) Reaching national coverage: An expansion strategy for Nepal's Child Grant. Policy Brief. UNICEF Nepal, Kathmandu

11. One lesson learned during the country programme 2013-2017 is that preparedness-related measures for emergencies do pay off as exemplified by the utility of pre-positioned priority emergency supply items and smooth functioning of cluster coordination mechanism during emergencies based on prior planning and training[16]. Another lesson learned is that the government's regular social protection schemes are robust enough to be used to quickly launch cash-based assistance at scale at the time of emergency if accompanied by systematic planning, monitoring, facilitation and evaluation as proven during the 2015 earthquake emergency response[17]. Thirdly, meeting of good technical inputs and well-incentivised demand can bring about substantial increase in people's access to basic services as shown in the success of the Open Defecation Free social movement[18]. Lastly, well-established community-based system at scale helps the country make continuous progress and also minimize the set-back at the time of crisis as shown by the effects of the Female Community Health Volunteer (FCHVs) Scheme in Health and Nutrition and its strength even during emergencies.[19]

Programme priorities and partnerships

12. The country programme is aimed at helping Nepal capture its demographic window of opportunity by investing in the current large cohort of children, especially disadvantaged girls, ethnic and low-caste groups, those in hard to reach areas, out-of-school adolescents and single and child-headed poor households. The programme will contribute to the country's Sustainable Development Goal aspirations through six components: health, nutrition, education, child protection and WASH and social policy and economic analysis. The overall outcome will be that children have improved and equitable access to and the use of child-friendly high-quality services, improved practices and protective and safe environments. Supply-side challenges, including human resources and the coverage and quality of social services, will be addressed, together with demand-side efforts to change harmful social norms and practices that lead to gender inequities and deprivations and the under-utilization of relevant social services. In line with the UNICEF Strategic Plan 2018-2021 and the UNICEF Gender Action Plan 2018-2021, UNICEF will support the country to:

(a) Improve and ensure the uninterrupted delivery of essential services during the transition to the federal system of government;

(b) Foster multisectoral programming on such issues as early childhood development (ECD), adolescents, and disability;

(c) Enhance the national capacity for humanitarian action and an effective humanitarian-development transition, including disaster preparedness and resilience and sustainable recovery and reconstruction in the aftermath of the 2015 earthquakes;

(d) Strengthen gender-responsive programming in all areas;

[16] DARA, Evaluation of UNICEF's Response and Recovery Efforts to the Gorkha Earthquake in Nepal, 2016
[17] Oxford Policy Management, Evaluation of the Nepal Emergency Cash Transfer Programme through Social Assistance, 2017
[18] UNICEF, Lessons from Nepal's Sanitation Social Movement "Sanitation for All : All For Sanitation", 2014
[19] Ministry of Health and Population, Female Community Health Volunteer: National Survey Report 2014, 2015

(e) Promote positive behaviours, demand for services and the strengthening of social norms that contribute to the realization of child rights by means of innovations, behavioural-change communication and the improvement of relevant programmes, policies and systems;

(f) Share lessons learned and best practices through South-South cooperation.

13. At the federal, provincial and local levels, the programme will focus on policy reform, improved supply chain management for essential services and capacity strengthening for successful operationalization of the federal system, including ownership and sustainability through local institutions This will draw on the experiences and lessons learned from the current Child-Friendly Local Governance Programme. The programme will target the most-disadvantaged children, with particular focus on Central Terai and the Mid- and Far-Western areas (provinces 2, 6 and 7). In addition, broader policy and advocacy support will be provided in the remaining four provinces for the realization of child rights under the new federal system. The programme will evolve with the unfolding federal structure of the country so that no child is left behind.

14. The programme will contribute to the Fourteenth Three-Year National Plan, which is aimed at establishing a welfare state, with social justice and the reduction of poverty and inequity. The programme is based on the United Nations Development Assistance Framework (UNDAF) 2018-2022. UNICEF will contribute to three of the four UNDAF priority areas: social development; resilience, disaster risk reduction (DRR) and climate change adaptation (CCA); and rule of law, governance and human rights.

Health

15. The health component aims to ensure that children, including newborns and adolescents, and women of reproductive age have improved and equitable access to and use of high-impact quality health interventions and improved healthy behaviour. It is guided by the Nepal Health Sector Strategy (2015-2020), which is being implemented through a sector-wide approach led by the Ministry of Health.

16. Neonatal and maternal mortality will be addressed through advocacy for approval of the Reproductive Health Bill and support for establishment of intensive care units for newborns and relevant referral systems. Early detection of disabilities among newborns will be promoted in collaboration with other sectors. Harmful practices will be addressed through the promotion of positive care seeking behaviours.

17. Childhood illnesses will be addressed through engagement in policy advocacy for child health and support to sustain high levels of coverage, further improvement of the immunization programme and scaling-up the Integrated Management of Neonatal and Childhood Illness programme. A strategy will be developed to address pneumonia through the use of new diagnostic technologies while diarrhoea will be addressed through preventive and curative measures.

18. Adolescent health issues, including teenage pregnancy and menstrual hygiene management will be addressed through the implementation of the National Adolescent Health and Development Strategy. The capacity-strengthening of FCHVs and health workers will be supported to improve access to gender- and adolescent-sensitive, including through the school health programme. Communication for development (C4D) using direct outreach, mass and social media and e-health platforms, will promote healthy behaviours for adolescents.

19. The operationalization of the federal governance structure for health will be supported to ensure the uninterrupted delivery of key health programmes. The Health Management Information System and the e-health strategy will be strengthened through new information technologies. Disaster preparedness, DRR and CCA will be supported through capacity-strengthening and awareness-raising activities, while harmful social norms will be addressed through gender-responsive C4D strategies.

Nutrition

20. This nutrition component aims to ensure that children, including adolescent girls and women of reproductive age, have improved and equitable access to and the use of an adequate nutritious diet and improved nutritional care behaviour and practices. The Multi-Sector Nutrition Plan (MSNP) involving several ministries and led by the National Planning Commission (NPC), will guide the implementation of the nutrition component.

21. Adolescent, maternal, infant and young-child nutrition and care will be supported through implementation of the "Golden 1,000 Days" campaign, the Baby-Friendly Hospital Initiative and the Maternal, Infant and Young Child Feeding Action Plan, focussing on low-performing areas and expansion of the child grant programme. Support will be provided to further strengthen capacity of health workers and FCHVs for improved counselling on feeding, while C4D approaches will be used to realize positive behavioural change at scale.

22. Efforts to scale up the existing integrated management of severe acute malnutrition (SAM) interventions will be supported. Supply-side support for SAM treatment centres and the capacity development of FCHVs and health workers for the screening, referral and quality case management of SAM will be combined with demand-side social mobilization efforts targeting caregivers and community and religious leaders.

23. Micronutrient deficiencies will be addressed through the national micronutrient control strategy focussing on anaemia and vitamin A and iodine deficiency. The anaemia control programme will be improved based on findings from the National Micronutrient Survey 2016 and the promotion of the demand for iron and folic acid supplementation among adolescent girls and pregnant women. Advocacy and private sector engagement are expected to strengthen the local production of micronutrient powder and fortified foods.

24. The operationalization of the federal system for the nutrition programmes will be supported through the coordination, implementation, monitoring and evaluation of the MSNP. Support will be provided to develop guidelines on resilience and DRR and CCA in relation to nutrition, including uninterrupted supply chains and the rapid scaling-up of SAM management in emergencies. As the Global Nutrition Cluster co-lead, UNICEF will also support the Government and partners to strengthen the overall capacity for DRR and preparedness and CCA.

Education

25. The education component is aimed at ensuring all children, especially the most disadvantaged, benefit from improved access, participation and learning outcomes in pre-primary and basic education within inclusive, safe and protective environments. It is guided by the new School Sector Development Plan (2016-2022) and its Equity Strategy, implemented in a sector wide approach mode led by the Ministry of Education.

26. Access to early learning in underserved areas will be addressed through community-based ECE and parenting education based on lessons learned during the previous country

programme. This will feed into evidence-based policy advocacy for the scaling-up of quality ECE throughout the country. Capacity-strengthening of local bodies will support the equitable delivery of school-based quality ECE. Supply-side bottlenecks will be addressed by the development of teacher skills and quality teaching and learning materials.

27. The quality of basic education will be supported through policy development and planning focussing on the child-friendly school model; the improvement of classroom teaching and learning; the promotion of early grade literacy and numeracy; inclusive education; and the appropriate medium of instruction. Innovations and research on teaching in multilingual classrooms will be supported.

28. Adolescents entering late and those who were never enrolled will be supported to enter into the formal system through non-formal classes using lessons learned from the Girls Access to Education initiative. C4D strategies targeting parents will aim at increasing demand for formal education for working children. Life skills of adolescents will be improved through the life-skills-based curriculum "*Rupantaran*".

29. The operationalization of the federal set-up for the education system will be supported within the context of the School Sector Development Plan. The implementation of the Comprehensive Safe Schools Masterplan will be supported by strengthening the capacity for DRR and CCA, education in emergencies and the Schools as Zones of Peace initiative. UNICEF will continue to co-lead the Education Cluster for improved DRR and preparedness and CCA.

Child protection

30. The child protection component is aimed at ensuring that children, including adolescents, have improved protection from all forms of violence, abuse and exploitation. The component will be guided by the National Strategy to End Child Marriage in Nepal (2016), the National Policy Relating to Children (2012), the National Master Plan on Child Labour (forthcoming) and legislation pertaining to child trafficking and labour.

31. Support will be provided to strengthen the child protection system within the new federal structure by scaling up comprehensive case management procedures and advocating for the recruitment of a professional child-protection workforce. The Inter-Agency Child Protection Information Management System will be introduced and used to provide disaggregated data on child-protection issues. UNICEF will support the strengthening of the capacity for DRR and preparedness and CCA at all levels as a co-lead of the Global Protection Cluster covering child protection and gender-based violence.

32. Violence and exploitation will be addressed through the development, revision and implementation of necessary legislation and policies concerning violent discipline, child labour, child trafficking, gender-based violence and child marriage. In addition, C4D strategies will be used to change societal acceptance of these issues. Support will also be provided to help strengthen the capacity of the Government to provide appropriate services to victims.

33. Support will be provided to review legislation and policies on children's access to justice; develop the necessary regulations, protocols and guidelines; and strengthen the information management system on justice for children. UNICEF will support the capacity-strengthening of justice and security professionals, psychosocial counsellors and social workers on gender-sensitive and child-friendly justice procedures, while piloting new

concepts and practices, such as diversion, restorative justice and victim/witness protection measures.

Water, sanitation and hygiene

34. This WASH component is aimed at ensuring that children and their families have improved and equitable access to and use of safe and sustainable drinking water and sanitation services and improved hygiene practices. It is guided by the recent WASH Sector Development Plan (2016-2030), to be implemented by the Ministry of Water Supply and Sanitation.

35. Support will be provided to improve water quality through the strengthening of the water regulatory body, implementing water safety plans, analysing fiscal space and raising community awareness on household-level water treatments. A strategy to ensure the access of unreached populations to safe water will be developed and implemented by strengthening the functionality, coverage, sustainability and resilience of water supply systems. Access to safe water in education and health care facilities will be improved through intersectoral collaboration.

36. The Open Defecation Free social movement and the Total Sanitation concept will be scaled up. The private sector will be engaged to promote improved hygiene practices and create markets for sanitation. Gender- and disability-friendly sanitation facilities in health facilities, ECD centres and schools will be advocated through the child-friendly school initiative. The ranking of schools in terms of their provision of WASH facilities will be scaled up nationally. Mass and social media campaigns will help to raise awareness on hygiene behaviours, including menstrual hygiene practices.

37. The operationalization of the federal structure for the WASH system will be supported within the context of the WASH Sector Development Plan. Support will be provided to the Government to formulate a new WASH Act and to revise policies to promote gender equality and social inclusion. The implementation of new guidelines for WASH in schools and health facilities will be supported. DRR and CCA will be mainstreamed into existing policies, strategies and plans, and multi-hazard risk analyses, risk-informed programming and management capacities will be strengthened. As the Global WASH Cluster co-lead, UNICEF will provide support for DRR and preparedness and CCA.

Social policy and economic analysis

38. The social policy and economic analysis component is aimed at ensuring that children benefit from strengthened policies and programmes that address child poverty, vulnerability and exclusion. The Fourteenth Three-Year National Plan, with its focus on socioeconomic transformation, rapid poverty reduction and equitable distribution, and the draft national Framework on Social Protection under the leadership of the Ministry of Finance and the NPC will guide the component.

39. Support will be provided to the NPC and the Central Bureau of Statistics (CBS) to strengthen capacities for evidence generation, including the measurement and analysis of child poverty, vulnerability and exclusion; the analysis of key emerging issues including federalism, urbanization and migration; and fiscal space analysis and investment cases for key social interventions.

40. Building upon the positive momentum for child-sensitive social protection systems, technical support will be provided to scale up the child grant programme in the context of the federal set-up until it reaches all children under five years of age. The improvement of the child grant programme will be supported through an impact assessment, the use of information technology, and by strengthening inter-sectoral linkages with birth registration, health and nutrition services and ECD.

41. UNICEF will facilitate dialogue among a broad range of stakeholders to co-create, share and use knowledge to support more effective policies concerning children. Regular dialogues will be held with parliamentarians on legislation, policies and budgetary matters relating to children's well-being.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health	3 200	15 700	18 900
Nutrition	3 000	33 000	36 000
Education	3 200	30 100	33 300
Child protection	3 000	14 060	17 060
Water, sanitation and hygiene	2 600	15 400	18 000
Social policy and economic analysis	2 500	3 000	5 500
Programme effectiveness	18 508	3 000	21 508
Total	**36 008**	**114 260**	**150 268**

Programme and risk management

42. This CPD outlines the contributions of UNICEF to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

43. The country programme will contribute to the achievement of relevant outcomes of the UNDAF through its coordination mechanism. Security-related support will be provided by the Department of Safety and Security. For improved efficiency and risk mitigation, several United Nations agencies will share common premises and common services. The Harmonized Approach to Cash Transfers will be used for the further efficiency, effectiveness, quality and value for money of transactions.

44. The country programme will support early warning systems including the nutrition sentinel surveillance and improve children's safety through the Comprehensive Safe Schools Masterplan. Emergency operations will be coordinated by the humanitarian country team under the National Disaster Response Framework of Nepal. UNICEF will co-lead four clusters (WASH, Nutrition, Education and Protection) and build on the innovative

good-practice approach on Communicating-with-Communities from the 2015 earthquake response.

45. The risk of reduced resources will be mitigated through evidence-based advocacy for the necessary investments in children and partnering for results. The Demographic Changes study[20] shows a rapidly ageing society, an increasing dependency ratio and a finite window of opportunity of the demographic dividend and will be used for promoting the time-bound investments for children required for the country's sustainable development.

Monitoring and evaluation

46. The five-year Integrated Monitoring and Evaluation Plan (IMEP), accompanied by the costed evaluation plan, will structure and highlight priority monitoring, evaluation and research activities.

47. Guided by the IMEP, the results and resources framework will form the basis for monitoring progress on delivering outputs and on contributing to outcomes for each programme component. Research, evaluations and studies will feed into the annual reviews and the 2020 midterm review of the country programme with the Ministry of Finance and relevant line ministries. The reviews will capture key lessons learned and guide necessary adjustments of the country programme.

48. Output indicators will be measured annually to monitor progress and will primarily be based on sectoral information systems. UNICEF, within the context of the UNDAF, will help to strengthen the capacity for improving the quality of sectoral information systems. Gaps in information, including disaggregated data that highlights equity and gender disparities, will be filled through thematic surveys, such as the planned national survey on child trafficking.

49. Outcome indicators based on Sustainable Development Goals and UNICEF standard indicators will also be measured regularly, including through sectoral information systems and national surveys, such as the planned 2019 Multiple Indicator Cluster Survey, to be carried out with the CBS. Support will be provided to strengthen national evaluation capacity.

[20] NPC, "Demographic changes of Nepal: Trends and policy implications", 2017.

Annex

Results and resources framework

Nepal – UNICEF country programme of cooperation, 2018-2022

Convention on the Rights of the Child: Articles 2-7, 9, 11-15,17-21, 23-24, 26-30, 32, 34-37, 39-40 and 42 **National priorities:** The Fourteenth Three-Year National Plan: Social development, good governance, promoting cross-cutting sectors **Sustainable Development Goals:** 1-6, 8, 10-13 and 15-17
UNDAF outcomes involving UNICEF: 2. By 2022, there is improved, equitable access, availability and utilization of quality basic social services for all, particularly for vulnerable people 3. By 2022, environmental management, sustainable recovery and reconstruction, and resilience to climate change and natural disaster are strengthened at all levels 4. By 2022, inclusive, democratic, accountable and transparent institutions are further strengthened towards ensuring rule of law, social justice and human rights for all, particularly for vulnerable people. **Outcome indicators measuring change that includes UNICEF contribution:** Birth attended by skilled health personnel; adolescent fertility rate; percentage of children under age five who are stunted; percentage of children under age five who are wasted; students learning achievement scores in grade 8; survival rate for grade 8; percentage of women aged 15 to 19 years are married or in union; percentage of the population using a safely managed drinking water service; percentage of the population using safely managed sanitation services Reduction in annual loss of human life compared with rates between 2005 and 2015; effective, accountable and inclusive institutional mechanism and legislation for recovery and reconstruction Proportion of vulnerable people accessing legal aid services; proportion of vulnerable people accessing the formal justice system
Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
1. **Health** By 2022, children, including newborns and adolescents, and women of reproductive age have improved and equitable access to and use of high-impact quality health interventions and improved healthy behaviours.	Skilled attendant at delivery of women (15-49 years) B: 58% T: 69%	Multiple Indicator Cluster Survey (MICS), Health Management Information System (HMIS), Nepal Demographic and Health Survey (NDHS)	1.1 Increased capacity to provide equitable access to quality maternal and newborn services and to improve healthy behaviours 1.2 Increased capacity to provide equitable access to quality child health services and to improve healthy behaviours 1.3 Increased capacity to provide health services that are sensitive and responsive to adolescents' needs and to improve healthy behaviours 1.4 Increased capacity to legislate, plan and budget to improve health systems, including mainstreaming disaster risk reduction (DRR) and climate change adaptation	**Government:** Ministries of Health (MoH); Education (MoE); Federal Affairs and Local Development; and Finance (MoF) Parliament United Nations: World Health Organization (WHO), United Nations Population Fund (UNFPA) Others: development partners (DPs), civil society organizations (CSOs)	3 200	15 700	18 900
	Percentage of fully immunized children (12-23 months) B: 78% T: 90%	MICS/NDHS/ HMIS					
	Percentage of newborns receiving newborn care services within 2 days of birth B: 57% T: 75%	MICS/NDHS/ HMIS					
2. **Nutrition** By 2022, children, including adolescent girls, and women of reproductive age have improved and equitable access to and use of adequate nutritious diet and improved nutritional care behaviour and care practices.	Percentage of children (6-23 months) provided with minimum dietary diversity B: 37% (350,000) (national); 34% (rural); 57% (urban) T: 52% (470,000) (national) 48% (rural), 80% (urban)	MICS/NDHS	2.1 Increased knowledge and skills to provide improved adolescent, maternal, infant and young child nutrition and care practices 2.2 Health workers have increased capacity to provide quality care and treatment to children with severe acute malnutrition (SAM) using standard protocols. 2.3 Health workers, Female Community Health Volunteers and communities have increased capacity to stimulate demand for supplementation and to provide fortified foods and a diversified	**Government:** MoH, MoE, Federal Affairs and Local Development, Agriculture and Water Supply and Sanitation National Planning Commission (NPC), Central Bureau of Statistics (CBS) **United Nations:** World Food Programme (WFP), WHO, Food and Agricultural	3 000	33 000	36 000
	Total number of children (6-59 months) affected by SAM who are discharged as recovered B: 5,998; 3,541 (girls); 2,457 (boys)	HMIS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T: 50,000 ; 30,000 (girls); 20,000 (boys)		diet. 2.4 Multi-Sector Nutrition Plan ministries and partners have increased capacity to legislate, plan and budget to improve nutrition interventions, including mainstreaming DRR and climate change adaptation (CCA).	Organization of the United Nations (FAO), World Bank **Others:** DPs, CSOs			
	Proportion of children under five years of age who are stunted (moderate and severe) B: 36% (1,069,752) T: 28% (882,779)	DHS/MICS					
3. **Education** By 2022, all children, especially the most disadvantaged, benefit from improved access, participation and learning outcomes in pre-primary and basic education within inclusive, safe and protective environments	Percentage of children at end of primary and lower secondary achieving at least a minimum proficiency level in reading and mathematics B: (total; girls; boys) Grade 3 - Reading fluency and comprehension: 12.8%; 14%; 12% Grade 5: Nepali: 47%; 48%; 46% Math: 49%; 48%; 50% Grade 8: Nepali: 48%; 48%; 48% Math: 35%; 33%; 38% T: Grade 3 - Reading fluency and comprehension: 16%; 17%; 14% Grade 5: Nepali: 59%; 59%; 59% Math: 56%; 56%; 56% Grade 8: Nepali: 56%; 56%; 56% Math: 54%; 52%; 55%	Education Management Information System (EMIS)	3.1 Increased capacity to improve access to and the quality of early learning opportunities (among children up to the age of five) in selected local bodies 3.2 Increased capacity to provide quality basic education in targeted areas, including to those with disabilities, those who don't speak Nepali at home and those in remote areas 3.3 Increased capacity to provide adolescents with life-skills education and ensure school enrolment at an appropriate age 3.4 Increased capacity to legislate, plan, budget and monitor to improve education programmes, including mainstreaming DRR and CCA and Schools as Zones of Peace initiative	**Government:** MoE **United Nations:** United Nations Education, Scientific and Cultural Organization , UNFPA, WFP **Others:** DPs, CSOs	3 200	30 100	33 300
	Number of out-of-school children enrolled in basic education (grades 1-8)	EMIS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	B: 0 T: 500,000 (total); 300,000 (girls)						
	Survival rate to grade 8 B: (total; girls; boys) 76.6%; 77.4%; 75.9% T: (total; girls; boys) 92.0%; 93.0%; 91.2%	EMIS					
4. Child protection By 2022, children and adolescents have improved protection from all forms of violence, abuse and exploitation.	Percentage of children (1-14 years) who experienced any physical punishment and/or psychological aggression by caregivers in the past month B: 82% (6.8 million) T: 77% (6.2 million)	MICS	4.1 Increased capacity to legislate, plan and budget to prevent and respond to child protection concerns, including humanitarian situations 4.2 Improved knowledge, skills and capacity to prevent and respond to violence and exploitation 4.3 Improved knowledge and capacity to provide child friendly and gender sensitive services to children in contact with the justice system	**Government:** Ministries of Women, Children, and Social Welfare; Labour and Employment; Federal Affairs and Local Government; MoE, MoH Central Child Welfare Board, NPC, CBS, Parliament, Office of the Attorney General, Nepal Police, Juvenile Justice Coordination Committee **United Nations:** UNDP, UNFPA, Office of the United Nations High Commissioner for Refugees, United Nations Office for Project Services, United Nations Entity for Gender	3 000	14 060	17 060
	Percentage of women (20-24 years) married or in union before the age of 18 years B: 37% (520,000) T: 32% (490,000)	MICS					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
				Equality and the Empowerment of Women (UN-Women, International Labour Organization (ILO) **Others:** DPs, CSOs			
5. **Water, sanitation and hygiene (WASH)** By 2022, children and their families have improved and equitable access to and use of safe and sustainable drinking water and sanitation services, and improved hygiene practices.	Proportion of the population using a safely managed drinking water service at the community level B: 27% (7,700,000) T: 40% (12,200,000)	Joint Monitoring Programme for Water Supply and Sanitation	5.1 Increased capacity to improve water quality and functionality and to deliver and sustain access to safe water (especially in schools and health-care facilities) 5.2 Improved sanitation and hygiene knowledge regarding behaviours, and sector stakeholders have enhanced capacity to provide access to safe and sustainable sanitation and hygiene facilities in homes and institutions 5.3 Increased capacity to legislate, plan and budget to improve WASH systems, including mainstreaming disaster risk management	**Government:** Ministries of Water Supply and Sanitation; Federal Affairs and Local Government; MoH; MoE **United Nations:** WHO **Others:** DPs, CSOs	2 600	15 400	18 000
	Proportion of the people practising open defecation B: 10% (2,800,000) T: 1% (300,000)	Department of Water Supply and Sanitation Database					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
6. **Social policy and economic analysis** By 2022, children benefit from strengthened policies and programmes that address child poverty, vulnerability and exclusion.	Strategy for child poverty reduction articulated included in national development plan or a national policy document B: None T: 1	National Plan or other policy documents	6.1 Improved capacity for measurement, analysis and evidence on reducing child poverty, vulnerability and exclusion 6.2 Strengthened capacity to deliver an expanded and improved child-sensitive social protection system 6.3 Improved partnerships with and between national institutions and others for strategic policy advocacy	**Government:** Ministries **of** Federal Affairs and Local Government; MoF, relevant sector ministries; NPC, CBS, Department of Civil Registration, Parliament **United Nations:** ILO, WHO, United Nations Capital Development Fund, World Bank **Others:** DPs, CSOs	2 500	3 000	5 500
	% and trend in resource allocation for key social sectors for children B (FY2016/17) Social Policy: 3.6% Health: 4.6% Education: 11% T: Social Policy: 4.2% (TBC) Health: TBC Education: TBC	National budget					
	Percentage of children covered by the child grant programme B: 20% T: 67%	Department of Civil Registration administrative data, National Census					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
7. **Programme effectiveness** The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children.	Number of participatory annual reviews conducted during the programme cycle B: 5 T: 5	Annual review reports	7.1 UNICEF staff and partners are provided guidance, tools and resources: (a) To plan and monitor programmes; (b) For advocacy and partnerships; (c) For communication for development interventions.		18 508	3 000	21 508
	Percentage of management and programme priorities indicators meeting the global scorecard benchmarks: B: TBD T: 100%						
Total resources					**36 008**	**114 260**	**150 268**